

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Richard Huston Aycock NV0813
Full Name of Plaintiff Inmate Number

v.

Civil No. _____
(to be filled in by the Clerk's Office)

C/O Steincamp
Name of Defendant 1

☒ Demand for Jury Trial
☐ No Jury Trial Demand

C/O Johnson
Name of Defendant 2

FILED
HARRISBURG, PA

C/O CI Husted
Name of Defendant 3

JUN 16 2025

PER MA
DEPUTY CLERK

Sargent Bloom
Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Aycock Richard Houston
Name (Last, First, MI)
NV0813
Inmate Number
S.C.I. Phoenix
Place of Confinement
1200 Mokychne Drive
Address
Collegeville, PA 19426
City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

C/O Steincamp
Name (Last, First)
C/O Steincamp, Correctional Officer
Current Job Title
S.C.I. Bermer Township 301 Institution Drive
Current Work Address
Bellefonte, PA 16823
City, County, State, Zip Code

Defendant 2:

C/O Johnson

Name (Last, First)

C/O Johnson, Correctional Officer

Current Job Title

S.C.I Berner Township 301 Institutional Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 3:

C/O Husted

Name (Last, First)

C/O C.I Husted, Correctional Officer

Current Job Title

S.C.I Berner Township 301 Institutional Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 4:

Sargent Bloom

Name (Last, First)

Sargent

Current Job Title

S.C.I Berner Township 301 Institutional Drive

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

S.C.I. Benner Township, RHU unit, JA-130 cell

B. On what date did the events giving rise to your claim(s) occur?

March 18, 2024

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

C/O retaliation, physical and verbal abuse, mental and non-verbal abuse
cruel and unusual punishment etc. Specifically 2-10 shift C/O stancamp, C/O Johnson
and Sargent Bloom and when I woke in the morning C/O CI Husted. I was
told to cover up my cell so I can be sprayed and killed and I'll be a 6---
if I don't do it. And the next morning during morning meal CI Husted watch what's
going happen to you for playing games and putting my C/Os in the hospital. 2 to 10
Shift the day before brought to my attention that two C/Os was taken to the
hospital because I was playing which I don't have no knowledge of at all.
they search me took me to a surveillance cell then brought me to cell JA-130 where I can't
see the TV where everybody else on the block could but me, and was told to die
or we are going to kill you because the C/Os went to the hospital. I was left
to sleep with just my jumpsuit nothing else in my cell and had to use my jumpsuit
bottom cuff to wipe after using the bathroom. I was ignored and given nothing
til the next day which is on video footage after speaking with the Captain
Stavola.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1) My right to be free from Cruel and Unusual Punishment,
 There was a failure to protect prisoner from physical abuse,
 the guards knew that there was a substantial risk that I ^{could}
 be harmed; they also responded ~~with~~ failed to protect me.
 Cruel and unusual punishment is under the Eighth Amendment
 My right to be free from Discrimination, My right to be free
 from Retaliation.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Harm towards injury that was a torn rotator cuff in shoulder,
 Basically trauma mentally also for threaten gestures verbally of death or
 being killed by officers or correctional officers; sleep trouble.

VI. RELIEF

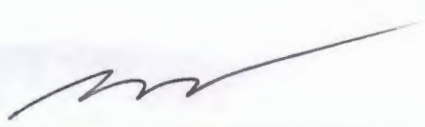
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I'm very much seeking money or monetary relief due to
 hardship I had to suffer from claim. The investigation
 will show the seriousness of event that happened; More so Compensatory
 damages and punitive damages.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

Smart Communications/PADOC

SN-

Phoenix

Name

Richard Aycock

Number

NV0813

PO Box 33028

St Petersburg FL 33733

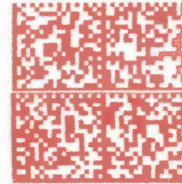
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US POSTAGE

Office of the Clerk
United States District Court
Sylvia H. Rambo United States Courthouse
1501 North 6th Street, Suite 101
Harrisburg, PA 17102

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